PTO/SB/21 (04-07)
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nd to a collection of information unless it displays a valid OMB control number. teduction Act of 1995, no persons are required to res Application Number 10/721,157-Conf. #8703 Filing Date November 25, 2003 First Named Inventor **FORM** Truett Christian Boles

TRANSMITTAL Art Unit 1634 Examiner Name S. T. Kapushoc (to be used for all correspondence after initial filing) Attorney Docket Number E0411.70005US03 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)							
X Fee Transmittal Form		Drawing(s)		After Allowance Communication to TC			
x Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		Petition to Convert to a Provisional Application		Proprietary Information			
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence	n Address	Status Letter			
X Extension of Time Request (X2)		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):			
Express Abandonment Request		Request for Refund		Return Receipt Postcard			
Information Disclosure Statement		CD, Number of CD(s)					
Certified Copy of Priority Document(s)		Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application		Remarks					
Reply to Missing Parts under 37 CFR 1.52 or 1.53							
		X08/28/2007					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name	WOLF, GREENFIELD & ŞACKS, P.C.						
Signature	Pot AA Vell						
Printed name	Patrick R.H. Waller						
Date	August 28, 2007			41,418			

Certificate of Mailing Under 37 CFR 1.8(a)

Thereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient posting as a friet Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patients, P.O. Box 1456, Alexandria, VA 22313-145. Dated: August 28, 2007 __ (Trish McDonald)

AUG 3 1 2007

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Effective on 12/08/	2004.	Complete if Known							
Fees pursuant to the Consolidated Approp		Application Number		10/721,157-Conf. #8703					
FEE TRANS	MITTAL	Filing Date	November 25,						
For FY 20	007	First Named Inventor Truett Chi Examiner Name S. T. Kapi							
			S. T. Kapushoo						
Applicant claims small entity stat	Art Unit 1634								
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. E0411.70005US03								
METHOD OF PAYMENT (check all that apply)									
X Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Credit any overpayments of tee(s) or Underpayments of tee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES								
FI			XAMINATION FEES						
Application Type Fee (\$	Small Entity Fee (\$) Fee (\$	Small Entity (i) Fee (\$) F	Small Entity Fee (\$) Fee (\$)	Fees Paid (\$)					
Utility 300	150 500	250	200 100	1 005 1 010 101					
Design 200	100 100	50	130 65	-					
Plant 200	100 300	150	160 80						
Reissue 300	150 500	250	600 300						
Provisional 200	100 0	0	0 0						
	100 0	U	0 0	Parell Eatile					
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues) 50 25									
Each independent claim over 3 (incl		200 100							
Multiple dependent claims 360 18									
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	Multiple Depende						
20 = x = Fee (\$) Fee Paid (\$)									
HP = highest number of total claims paid for, if greater than 20. Indep. Claims									
-3 = X =									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
			smail entity) for each ac	iditional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)				Fees Paid (\$)					
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00									
SUBMITTED BY / /									
Signature Pat 1 H	Wal	Registration No. (Allorney/Agent) 4	1,418 Telephone	(617) 646-8000					
Name (Print/Type) Patrick R.H. Wall	Date	August 28, 2007							

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Dated: August 28, 2007

Signature.

(Trish McDonald)

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the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 F0411 70005US03 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/721.157-Conf. #8703 Filed November 25, 2003 UNIVERSAL GEL AND METHODS FOR USE THEREOF Examiner S. T. Kapushoc Art Unit 1634 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 Two months (37 CFR 1.17(a)(2)) \$450 \$225 X Three months (37 CFR 1.17(a)(3)) \$1020 \$510 1.020.00 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$1080 \$2160 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. х The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number irracting under 37 CFR 1.34 August 28, 2007 Signature Date Patrick R.H. Waller (617) 646-8000 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. х Total of forms are submitted. (X2) Certificate of Mailing Under 37 CFR 1.8(a)

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Dated: August 28, 2007